

**Central Arkansas Pet Partners  
Membership Application**

(Please Print)

Today's Date:		Training: Instructor Led by:		or Home Study <input type="checkbox"/>	
<b>INFORMATION ABOUT YOU</b>					
Last name:		First:	Middle:	Birth date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
EMAIL:				Home phone no.:	Cell phone no. :
Address:		City:		State:	ZIP Code:
<b>MEMBERSHIP CATEGORY</b>					
<input type="checkbox"/> Full Member \$25 (Adult member with or without an animal)		<input type="checkbox"/> Family \$35 (Two or more members living in the same household)		<input type="checkbox"/> Supporting Member (no dues) (Member who provides service but is not AAA/AAT)	
If Family Membership: Family Member name:			Birth date:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home phone no.:
EMAIL:					Cell phone no.:
Address:			City:	State:	ZIP Code:
Family Member name:			Birth date:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home phone no.: ( ) -
EMAIL:					Cell phone no.: ( ) -
Address:			City:	State:	ZIP Code:
Family Member name:			Birth date:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home phone no.: ( ) -
EMAIL:					Cell phone no.: ( ) -
Address:			City:	State:	ZIP Code:
<b>DELTA SOCIETY® PET PARTNER® REGISTRATION INFORMATION</b>					
(Please give evaluation information)					
Pet Partner Name #1:		Birth date or ADOP Date:	Species/Breed:	Evaluation Date:	
				Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex	
				Renewal Date:	
Other Family Members Registered Pet Partner			Evaluation Date:		
			Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex		
			Renewal Date:		
Pet Partner Name #2:		Birth date or ADOP Date:	Species/Breed:	Evaluation Date:	
				Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex	
				Renewal Date:	
Other Family Members Registered Pet Partner #2?			Evaluation Date:		
			Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex		
			Renewal Date:		
<b>VISITING LOCATION INTERESTS</b>					
What environment are you interested in visiting:		<input type="checkbox"/> Adults <input type="checkbox"/> Hospital <input type="checkbox"/> Mentally Challenged <input type="checkbox"/> Hospice Care <input type="checkbox"/> Geriatrics		<input type="checkbox"/> Children <input type="checkbox"/> Hospital <input type="checkbox"/> Mentally Challenged <input type="checkbox"/> Behavioral Centers	
				<input type="checkbox"/> Other Special Events	
How did you hear about A.B.L.E.:					
Volunteer Opportunities:		<input type="checkbox"/> Role Player for Practices or Evaluations <input type="checkbox"/> Staff booth at local fairs or exhibits		<input type="checkbox"/> Mentoring new pet partner <input type="checkbox"/> Other Special Interests or Talents	
<b>Please send membership dues payment (payable to ABLE):</b> Meredith Catlett 323 Center Street, Suite 1800 Little Rock, AR 72201  If you have any questions, please email: mcatlett@catlaw.com				Insert Picture or email in jpeg format:	

**DELTA SOCIETY® PET PARTNER® REGISTRATION INFORMATION**

Additional Family members registered (Please give evaluation information)

Other Family Members Registered Pet Partner #1?	Evaluation Date: Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex Renewal Date:
Other Family Members Registered Pet Partner #1?	Evaluation Date: Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex Renewal Date:
Other Family Members Registered Pet Partner #1?	Evaluation Date: Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex Renewal Date:
Other Family Members Registered Pet Partner #2?	Evaluation Date: Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex Renewal Date:
Other Family Members Registered Pet Partner #2?	Evaluation Date: Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex Renewal Date:
Other Family Members Registered Pet Partner #2?	Evaluation Date: Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex Renewal Date:

**DELTA SOCIETY® PET PARTNER® ADDITIONAL FAMILY MEMBER INFORMATION**

Family Member name: EMAIL:	Birth date:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home phone no.: (    ) - Cell phone no.: (    ) -
Address:	City:	State:	ZIP Code:
Family Member name: EMAIL:	Birth date:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home phone no.: (    ) - Cell phone no.: (    ) -
Address:	City:	State:	ZIP Code:
Family Member name: EMAIL:	Birth date:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home phone no.: (    ) - Cell phone no.: (    ) -
Address:	City:	State:	ZIP Code: